·								Application or Docket Number					
	PATENT	APPLICATIO Effect	N FEE D tive Octob			ION RECO	RD		So.	101	003.	462)	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			18		and the same		RA	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			\( \frac{1}{2} \) minus 20=		•		X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			പ്പ minus 3 =					X40=		OR	X80=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+135			1	.070		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO			OR	+270= TOTAL		
4	5/36/65 (Column 1) (Column 2) (Column 3)						SMA	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 18	Minus	2	0	=	X\$	9=		OR	X\$18=		
AME	Independent	. 3	Minus	***	3	<u> -                                    </u>	X44	)=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		+13	5=	-	OR	+270=		
			•				TO	OTAL		ام	TOTAL		
		(Column 1)		/Colum	mn 21	(Column 3)	ADDIT.	FEE		OR,	ADDIT. FEE		
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	•	Minus	***		=	X40	)=			X80=		
<u> </u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM					OR			
							+13			OR	+270=		
							ADDIT.	FEE		OR	TOTAL ADDIT. FEE		
	The state of the s	(Column 1) CLAIMS	1001600000	(Colur		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=		
ME	Independent	•	Minus	***		=	X40	_			X80=		
4	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM					OR	. ⊼80≅		
	if the enterior and	4 in face where at			• <b>~</b>	h 0	+135	1		OR	+270=	d o	
••	If the "Highest Nu If the "Highest Nu	mn 1 is less than them them them them the services of the serv	aid For IN THI aid For IN THI	S SPACE I	s less tha s less tha	n 20, enter "20." in 3, enter "3."	ADDIT.	_			TOTAL ADDIT. FEE umn 1.		